

B1 (Official Form 1)(04/13)

United States Bankruptcy Court Western District of Virginia		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Trevillian, John Edmond III		Name of Joint Debtor (Spouse) (Last, First, Middle): Trevillian, Tracey Gooding
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-0568		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-6823
Street Address of Debtor (No. and Street, City, and State): 415 Log Trac Road Stanardsville, VA <div style="text-align: right;">ZIP Code 22973</div>		Street Address of Joint Debtor (No. and Street, City, and State): 415 Log Trac Road Stanardsville, VA <div style="text-align: right;">ZIP Code 22973</div>
County of Residence or of the Principal Place of Business: Greene		County of Residence or of the Principal Place of Business: Greene
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Trevillian, John Edmond III
Trevillian, Tracey Gooding**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Western District of Virginia**

Case Number:

09-66187

Date Filed:

1/21/09

Location

Where Filed: **Western District of Virginia**

Case Number:

01-01729

Date Filed:

5/11/01**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X /s/ Marshall M. Slayton VSB# September 5, 2013

Signature of Attorney for Debtor(s)

(Date)

Marshall M. Slayton VSB# 37362**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)_____
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Trevillian, John Edmond III
Trevillian, Tracey Gooding**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ John Edmond Trevillian, III
Signature of Debtor **John Edmond Trevillian, III**

X /s/ Tracey Gooding Trevillian
Signature of Joint Debtor **Tracey Gooding Trevillian**

Telephone Number (If not represented by attorney)

September 5, 2013
Date

Signature of Attorney*

X /s/ Marshall M. Slayton VSB#
Signature of Attorney for Debtor(s)

Marshall M. Slayton VSB# 37362
Printed Name of Attorney for Debtor(s)

Boyle, Bain, Reback & Slayton
Firm Name
420 Park Street
Charlottesville, VA 22902

Address

marshall.slayton@bbrs.net; jonathan.woodruff@bbrs.net
(434) 979-7900 Fax: (434) 977-3298

Telephone Number

September 5, 2013
Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

_____ Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
Signature of Foreign Representative

Printed Name of Foreign Representative

_____ Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X _____

_____ Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Western District of Virginia**

In re **John Edmond Trevillian, III
Tracey Gooding Trevillian**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ John Edmond Trevillian, III

John Edmond Trevillian, III

Date: September 5, 2013

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Western District of Virginia**

In re **John Edmond Trevillian, III
Tracey Gooding Trevillian**

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Tracey Gooding Trevillian
Tracey Gooding Trevillian

Date: September 5, 2013

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Western District of Virginia

In re **John Edmond Trevillian, III,**
Tracey Gooding Trevillian

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	4	17,966.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	2		4,710.91	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		401.20	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	21		83,671.87	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			4,035.55
J - Current Expenditures of Individual Debtor(s)	Yes	2			4,012.00
Total Number of Sheets of ALL Schedules		37			
Total Assets			17,966.00		
Total Liabilities				88,783.98	

United States Bankruptcy Court
Western District of Virginia

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	401.20
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	401.20

State the following:

Average Income (from Schedule I, Line 16)	4,035.55
Average Expenses (from Schedule J, Line 18)	4,012.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	4,637.68

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		1,771.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	401.20	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		83,671.87
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		85,442.87

B6A (Official Form 6A) (12/07)

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total >	0.00	(Total of this page)
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Total >	0.00
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(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on Hand - Husband	H	1.00
		Cash on Hand - Wife	W	1.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Joint checking account with BB&T	J	225.00
		Savings account at UVA Community Credit Union	J	5.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Large appliances, @ debtor(s) residence	J	1,415.00
		Small appliances, @ debtor(s) residence	J	100.00
		Electronics, @ debtor(s) residence	J	2,234.00
		Kitchenware, @ debtor(s) residence	J	145.00
		Dining room furniture, @ debtor(s) residence	J	360.00
		Living room furniture, @ debtor(s) residence	J	495.00
		Bedroom furniture, @ debtor(s) residence	J	739.00
		Miscellaneous household items, @ debtor(s) residence	J	163.00
		Linens, @ debtor(s) residence	J	197.00
		Desk, @ debtor(s) residence	J	65.00
		Outdoor furniture and equipment, @ debtor(s) residence	J	670.00
Sub-Total > (Total of this page)				6,815.00

3 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		DVDs, silverware, holiday ornaments	J	210.00
6. Wearing apparel.		Mens's clothing, @ debtor(s) residence	H	380.00
		Women's clothing, @ debtor(s) residence	W	520.00
		Children's clothing, @ debtor(s) residence	J	500.00
7. Furs and jewelry.		Wedding band, worn by husband	H	40.00
		Wedding and engagement rings, worn by wife	W	40.00
		Jewelry, worn by wife	W	85.00
8. Firearms and sports, photographic, and other hobby equipment.		Camera, @ debtor(s) residence	J	70.00
		Pool table, @ debtor(s) residence	J	600.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

Sub-Total > **2,445.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		2013 Federal Tax Refund	J	1.00
		2013 Virginia State Tax Refund	J	1.00
		Earned but Unpaid Wages by Employer	H	1.00
		Earned but Unpaid Wages by Employer	W	1.00
		Wife's wages garnished by UVA Medical Center	W	1.00
		Wife's wages garnished by UVA Physicians Group	W	400.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			

Sub-Total > **405.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Honda Accord, @ debtor(s) residence (tax-assessed valuation)	J	7,025.00
		1996 Chevy Blazer, @ debtor(s) residence (tax-assessed valuation)	W	1,275.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Pets: dog and 2 cats, @ debtor(s) residence	J	1.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > **8,301.00**
(Total of this page)

Total > **17,966.00**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

B6C (Official Form 6C) (4/13)

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)☒ 11 U.S.C. §522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand			
Cash on Hand - Husband	Va. Code Ann. § 34-4	1.00	1.00
Cash on Hand - Wife	Va. Code Ann. § 34-4	1.00	1.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Joint checking account with BB&T	Va. Code Ann. § 34-4	225.00	225.00
Savings account at UVA Community Credit Union	Va. Code Ann. § 34-4	5.00	5.00
Household Goods and Furnishings			
Large appliances, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	1,415.00	1,415.00
Small appliances, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	100.00	100.00
Electronics, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	2,234.00	2,234.00
Kitchenware, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	145.00	145.00
Dining room furniture, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	360.00	360.00
Living room furniture, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	495.00	495.00
Bedroom furniture, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	739.00	739.00
Miscellaneous household items, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	163.00	163.00
Linens, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	197.00	197.00
Desk, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	65.00	65.00
Outdoor furniture and equipment, @ debtor(s) residence	Va. Code Ann. § 34-26(4a)	670.00	670.00
Books, Pictures and Other Art Objects; Collectibles			
DVDs, silverware, holiday ornaments	Va. Code Ann. § 34-4	210.00	210.00
Wearing Apparel			
Mens's clothing, @ debtor(s) residence	Va. Code Ann. § 34-26(4)	380.00	380.00
Women's clothing, @ debtor(s) residence	Va. Code Ann. § 34-26(4)	520.00	520.00
Children's clothing, @ debtor(s) residence	Va. Code Ann. § 34-26(4)	500.00	500.00
Furs and Jewelry			
Wedding band, worn by husband	Va. Code Ann. § 34-26(1a)	40.00	40.00
Wedding and engagement rings, worn by wife	Va. Code Ann. § 34-26(1a)	40.00	40.00

1 continuation sheets attached to Schedule of Property Claimed as Exempt

B6C (Official Form 6C) (4/13) -- Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Jewelry, worn by wife	Va. Code Ann. § 34-4	85.00	85.00
<u>Firearms and Sports, Photographic and Other Hobby Equipment</u>			
Camera, @ debtor(s) residence	Va. Code Ann. § 34-4	70.00	70.00
Pool table, @ debtor(s) residence	Va. Code Ann. § 34-4	600.00	600.00
<u>Other Liquidated Debts Owning Debtor Including Tax Refund</u>			
2013 Federal Tax Refund	Va. Code Ann. § 34-4	1.00	1.00
2013 Virginia State Tax Refund	Va. Code Ann. § 34-4	1.00	1.00
Earned but Unpaid Wages by Employer	Va. Code Ann. § 34-4	1.00	1.00
Earned but Unpaid Wages by Employer	Va. Code Ann. § 34-4	1.00	1.00
Wife's wages garnished by UVA Medical Center	Va. Code Ann. § 34-4	1.00	1.00
Wife's wages garnished by UVA Physicians Group	Va. Code Ann. § 34-4	400.00	400.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u>			
2005 Honda Accord, @ debtor(s) residence (tax-assessed valuation)	Va. Code Ann. § 34-26(8)	4,462.73	7,025.00
1996 Chevy Blazer, @ debtor(s) residence (tax-assessed valuation)	Va. Code Ann. § 34-26(8)	997.36	1,275.00
<u>Animals</u>			
Pets: dog and 2 cats, @ debtor(s) residence	Va. Code Ann. § 34-26(5)	1.00	1.00

B6D (Official Form 6D) (12/07)

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No. 79450119042808588	J	Opened 1/01/07 Last Active 10/14/08						1,871.00	1,771.00
Dell Financial Services Attn: Bankruptcy Dept. 12234 North Ih 35 Austin, TX 78753		ChargeAccount							
		Value \$ 100.00							
Account No.		Additional notice address for Dell Financial Services						Notice Only	
Dell Financial Services P.O. Box 81577 Austin, TX 78708-1577									
		Value \$							
Account No.		Additional notice address for Dell Financial Services						Notice Only	
Dell Financial Services LLC c/o Corporation Service Co. 1111 East Main Street Richmond, VA 23219									
		Value \$							
Account No. 17865	J	2008 - 1st half 2012						1,362.27	0.00
Greene County Treasurer P.O. Box 157 Stanardsville, VA 22973-0157		Tax Lien							
		2005 Honda Accord, @ debtor(s) residence (tax-assessed valuation)							
		Value \$ 7,025.00							
Subtotal (Total of this page)								3,233.27	1,771.00

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		H W J C					
Account No. 17865							
Greene County Treasurer P.O. Box 157 Stanardsville, VA 22973-0157		2008 - 1st half 2012					
		Tax Lien					
		1996 Chevy Blazer, @ debtor(s) residence (tax-assessed valuation)					
		Value \$ 1,275.00				277.64	0.00
Account No.		07/05					
UVA Community Credit Union 3300 Berkmar Drive Charlottesville, VA 22901		DMV lien					
		2005 Honda Accord, @ debtor(s) residence (tax-assessed valuation)					
		Value \$ 7,025.00				1,200.00	0.00
Account No.							
		Value \$					
Account No.							
		Value \$					
Account No.							
		Value \$					
Subtotal (Total of this page)						1,477.64	0.00
Total (Report on Summary of Schedules)						4,710.91	1,771.00

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. 7502			2nd half 2012 - 2013					
Greene County Treasurer P.O. Box 157 Stanardsville, VA 22973-0157		W	Personal property taxes for Blazer					0.00
							78.11	78.11
Account No. 17865			2nd half 2012 - 2013					
Greene County Treasurer P.O. Box 157 Stanardsville, VA 22973-0157		J	Personal property taxes for Honda					0.00
							323.09	323.09
Account No.								
Account No.								
Account No.								
Subtotal								0.00
(Total of this page)							401.20	401.20
Total								0.00
(Report on Summary of Schedules)							401.20	401.20

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R H U S B A N D W I F E J O I N T C O M M U N I T Y	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 16648307 Alltel Corporation Bankruptcy Department 1 Allied Drive Little Rock, AR 72202-9918	J	Telecommunications services				325.00
Account No. Allianceone Receivables Mgt Inc. 717 Constitution Drive Suite 202 Exton, PA 19341		Additional notice address for Alltel Corporation				Notice Only
Account No. 0094628367 America Online PO Box 60018 Tampa, FL 33660-0018	J	Internet services				43.88
Account No. 5632071738 Bb&t Po Box 1847 Wilson, NC 27894	J	Opened 5/01/04 Last Active 11/20/08 CheckCreditOrLineOfCredit				6,856.00
Subtotal (Total of this page)						7,224.88

20 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 4856-7130-0050-7306 Branch B&t Po Box 2306 Wilson, NC 27894	J	Opened 6/01/04 Last Active 9/21/08 CreditCard				1,011.00
Account No. Professional Recovery Consultants 2700 Meridian Parkway Suite 200 Durham, NC 27713		Additional notice address for Branch B&t				Notice Only
Account No. 4856713000507306 Branch B&t P.o. Box 2306 Wilson, NC 27894	J	Opened 6/01/04 Last Active 9/21/08 Credit Card				1,121.00
Account No. 5178-0573-0651-2141 Capital 1 Bank Attn: C/O TSYS Debt Management Po Box 5155 Norcross, GA 30091	J	Opened 5/01/03 Last Active 8/11/08 CreditCard				1,112.00
Account No. GC Services Limited Partnership 6330 Gulfon Houston, TX 77081		Additional notice address for Capital 1 Bank				Notice Only
Sheet no. <u>1</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,244.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. Charlottesville Hand Surgery 630 Peter Jefferson Parkway Suite 100 Charlottesville, VA 22903	W	Medical services				62.00
Account No. Preston Mitchell Company P.O. Box 457 Ruckersville, VA 22968		Additional notice address for Charlottesville Hand Surgery				Notice Only
Account No. 29032890 Charlottesville Hand Surgery c/o Preston Mitchell Company P.O. Box 457 Ruckersville, VA 22968	W	Opened 11/01/09				76.00
Account No. Charlottesville Hand Surgery 630 Peter Jefferson Parkway Suite 100 Charlottesville, VA 22903		Additional notice address for Charlottesville Hand Surgery				Notice Only
Account No. Charlottesville Hand Surgery 320 Winding River Lane Suite 303 Charlottesville, VA 22911		Additional notice address for Charlottesville Hand Surgery				Notice Only
Sheet no. 2 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims <div style="float: right;"> Subtotal (Total of this page) </div>						138.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. CRAD340446 Charlottesville Radiology Ltd. P.O. Box 2747 Charlottesville, VA 22902	J	Medical services				11.25
Account No. 9800399868 Cit Fin Serv Attn: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195	J	Opened 11/01/05 Last Active 9/19/08 Single family home located at 376 North Ridge Way, Ruckersville, VA 22968 [tax assessed valuation][debtors to surrender]				Unknown
Account No. 1691292510 Comcast c/o Crd Prt Asso Attn: Bankruptcy Po Box 802068 Dallas, TX 75380	W	Opened 7/01/12 Collection Attorney				109.00
Account No. Comcast P.O. Box 3006 Southeastern, PA 19398-3006		Additional notice address for Comcast				Notice Only
Account No. Comcast P.O. Box 3002 Southeastern, PA 19398		Additional notice address for Comcast				Notice Only
Sheet no. 3 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 120.25

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Comcast fka Adelphia Cable 1500 Market St. Philadelphia, PA 19102			Additional notice address for Comcast			Notice Only
Account No. 4447962185026923			Opened 3/01/13 Factoring Company Account			1,016.00
Credit One Bank N.A. c/o Lvnv Funding Llc Po Box 10497 Greenville, SC 29603	H					
Account No.			Additional notice address for Credit One Bank N.A.			Notice Only
LVNV Funding PO Box 10584 Greenville, SC 29603-0584						
Account No.			Additional notice address for Credit One Bank N.A.			Notice Only
LVNV Funding c/o MRS 1930 Olney Avenue Cherry Hill, NJ 08003						
Account No. 6879450119042808588			Opened 1/01/07 Last Active 10/14/08 Charge Account			1,964.00
Dell Financial Services Dell Financial Services Attn: Bankruptcy Po Box 81577 Austin, TX 78708	W					
Sheet no. 4 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						2,980.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Telecommunications services				
Embarq Corporation Bankruptcy Services P.O. Box 7971 Shawnee Mission, KS 66207-0971	J					359.00
Account No.		Additional notice address for Embarq Corporation				Notice Only
Allied Interstate 3000 Corporate Exchange Drive 5th Floor Columbus, OH 43236						
Account No. G522810155		Insurance				
Erie Insurance Exchange PO Box 280431 06128-0431 East Hartford, CT 06128-0431	W					124.00
Account No. 9319		Charge account				
GE Capital/PYOD LLC c/o Northland Group PO Box 390846 Minneapolis, MN 55439	J					672.94
Account No.		Additional notice address for GE Capital/PYOD LLC				Notice Only
PYOD LLC c/o First National Collection Burea 610 Waltham Way Sparks, NV 89434						
Sheet no. 5 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,155.94

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM					
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.									
Account No. 6018595204922013	J	Opened 10/01/06 Last Active 10/30/08 ChargeAccount				414.00					
Gemb/gap Attention: Bankruptcy Po Box 103106 Roswell, GA 30076											
Account No.	J	Additional notice address for Gemb/gap				Notice Only					
Encore Receivable Mgt Inc. 400 North Rogers Road Olathe, KS 66062											
Account No.	J	2008 Personal property taxes				378.85					
Greene County Treasurer P.O. Box 157 Stanardsville, VA 22973-0157											
Account No.	J	2008 Real Estate Taxes				Unknown					
Greene County Treasurer P.O. Box 157 Stanardsville, VA 22973-0157											
Account No.	W	Professional services				38.00					
Heath, Richard, DDS C/O Accelerated Recovery Systems PO Bos 7224 Charlottesville, VA 22906-7224											
Sheet no. 6 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)					
						830.85					

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 540801002912 Hsbc Bank Attn: Bankruptcy Po Box 5253 Carol Stream, IL 60197	H	Opened 1/01/05 Last Active 8/12/08 CreditCard				1,448.00
Account No. LC Systems 444 Highway 96 East PO Box 64887 Saint Paul, MN 55164-0887		Additional notice address for Hsbc Bank				Notice Only
Account No. 5488975008477021 Hsbc Bank Attn: Bankruptcy Po Box 5253 Carol Stream, IL 60197	J	Opened 9/01/02 Last Active 10/23/08 CreditCard				1,298.00
Account No. 8545442846 Hsbc Bank Nevada N.A. c/o Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123	H	Opened 12/01/11 Factoring Company Account				1,859.00
Account No. 8545467746 Hsbc Bank Nevada N.A. c/o Midland Funding 8875 Aero Dr Ste 200 San Diego, CA 92123	W	Opened 12/01/11 Factoring Company Account				1,804.00
Sheet no. <u>7</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						6,409.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM					
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.									
Account No. 2203246001	J	Opened 4/01/08 Last Active 9/30/08 Unsecured				5,125.00					
Lendmark Financial Ser 2118 Usher St Nw Covington, GA 30014											
Account No. 2200266106	J	Opened 4/21/08 Last Active 9/30/08 Unsecured				5,125.00					
Lendmark Financial Ser 2118 Usher Street Covington, GA 30014											
Account No. 798192447180	H	Opened 12/01/04 Last Active 8/03/08 ChargeAccount				513.00					
Lowes / MBGA Attention: Bankruptcy Department Po Box 103106 Roswell, GA 30076											
Account No.	J	Medical services				2,061.70					
Martha Jefferson Hospital P.O. Box 2556 Charlottesville, VA 22902											
Account No.		Additional notice address for Martha Jefferson Hospital				Notice Only					
Hudson Law Office, PLLC 324 S. Main St Emporia, VA 23847											
Sheet no. 8 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)					
						12,824.70					

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
J.L. Walston & Associates 326 South Main Street Emporia, VA 23847-2028		Additional notice address for Martha Jefferson Hospital				Notice Only
Account No. 12368219		8/25/06 Medical services				
Martha Jefferson Hospital P.O. Box 2556 Charlottesville, VA 22902	W					39.65
Account No. 12369538		9/16/08 Medical services				
Martha Jefferson Hospital P.O. Box 2556 Charlottesville, VA 22902	W					54.29
Account No. 12328977		7/2/08 Medical servies				
Martha Jefferson Hospital P.O. Box 2556 Charlottesville, VA 22902	W					100.00
Account No. 28076770		Opened 10/01/08				
Pediatric Assoc. Of Charlottes c/o Preston Mitchell Company P.O. Box 457 Ruckersville, VA 22968	J					1,348.00
Sheet no. <u>9</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,541.94

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Pediatric Associates of Charlottesv 302 Hickman Road Suite 102 Charlottesville, VA 22911		Additional notice address for Pediatric Assoc. Of Charlottes				Notice Only
Account No. 961444		10/6/08 Medical services				5.00
Pediatric Assoc. Of Charlottes c/o IMBS 901 Preston Avenue, Suite 102 Charlottesville, VA 22903-4491	W					
Account No. 961444		Medical services				1,466.32
Pediatric Associates of Charlottesv P.O. Box 828533 Philadelphia, PA 19182	J					
Account No.		Additional notice address for Pediatric Associates of Charlottesv				Notice Only
Transworld Systems Inc. 30600 Telegraph Road, #4215 Bingham Farms, MI 48025						
Account No. 961444		11/6/08 Medical services				5.00
Pediatric Associates of Charlottesv P.O. Box 828533 Philadelphia, PA 19182	W					
Sheet no. 10 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,476.32

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM					
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.									
Account No. 1091590395	H	Opened 6/01/09 Collection Attorney				171.00					
Physical Therapy At Acac c/o Charlottesville Bureau 3690 Dobleann Dr Charlottesville, VA 22911											
Account No.		Additional notice address for Physical Therapy At Acac				Notice Only					
Physical Therapy at ACAC 504 Albemarle Square Charlottesville, VA 22901											
Account No.		Additional notice address for Physical Therapy At Acac				Notice Only					
Physical Therapy at ACAC P.O. Box 1583 Charlottesville, VA 22902											
Account No. 1091590393	H	Opened 6/01/09 Collection Attorney				40.00					
Physical Therapy At Acac c/o Charlottesville Bureau 3690 Dobleann Dr Charlottesville, VA 22911											
Account No. 1072480266	J	Med1 02				127.00					
Piedmont Emergency Consultan c/o Charlot Bur Pob 6220 Charlottesvill, VA 22911											
Sheet no. <u>11</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)					
						338.00					

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.						
Piedmont Emergency Consultants P.O. Box 1583 Charlottesville, VA 22902		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Additional notice address for Piedmont Emergency Consulan				Notice Only
Account No. 1073250257		Med1 02				
Piedmont Emergency Consulan c/o Charlot Bur Pob 6220 Charlottesvill, VA 22911	J					120.00
Account No. 1072480265		Med1 02				
Piedmont Emergency Consulan c/o Charlot Bur Pob 6220 Charlottesvill, VA 22911	J					77.00
Account No. 10300860000463954		Opened 8/01/09				
Piedmont Emergency Consultants c/o Fredericksburg Credit Bureau 10506 Wakeman Dr Fredericksburg, VA 22407	W					268.00
Account No.						
Piedmont Emergency Consultants P.O. Box 11647 Daytona Beach, FL 32120-1647		Additional notice address for Piedmont Emergency Consultants				Notice Only
Sheet no. 12 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 465.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. 120050.TAX Robinson Farmer Cox Associates PO Box 6580 Charlottesville, VA 22906	J	3/28/08 Accounting services				200.00
Account No. 4425060000084882 Suntrust Bank Po Box 921819 Norcross, GA 30010	H	Opened 3/01/07 Last Active 8/01/08 CreditCard				2,991.00
Account No. Suntrust DDA Recovery Dept P.O. Box 26150/VA-RIC-9394 Richmond, VA 23260-6150		Additional notice address for Suntrust Bank				Notice Only
Account No. 4300000430617035 Suntrust Mortgage/cc 5 Attention: RVW3034 1001 Semmes Ave Richmond, VA 23224	J	Opened 9/16/06 Last Active 8/22/08 Single family home located at 376 North Ridge Way, Ruckersville, VA 22968 [tax assessed valuation][debtors to surrender]				Unknown
Account No. SunTrust c/o Rubenstein & Cogan 12 South Summet Ave, #250 Gaithersburg, MD 20877		Additional notice address for Suntrust Mortgage/cc 5				Notice Only
Sheet no. 13 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,191.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 42405 Target Po Box 9475 Minneapolis, MN 55440	J	Opened 7/01/07 Last Active 7/24/08 ChargeAccount				243.00
Account No. Target c/o AMO Recoveries 3120 McDougall Ave, Suite 100 Everett, WA 98201		Additional notice address for Target				Notice Only
Account No. 4414882000223266 Uva Credit Union-a D 3300 Berkmar Dr Charlottesville, VA 22901	J	Opened 11/01/06 Last Active 10/27/08 CreditCard				18,098.00
Account No. 4414882000223266 Uva Credit Union-a D 3300 Berkmar Dr Charlottesville, VA 22901	J	Opened 11/01/06 Last Active 10/27/08 Credit Card				18,237.00
Account No. 546164Z2006 Uva Hth Srv 500 Ray C Hunt Dri Charlottesvill, VA 22903	J	Opened 3/20/06 Last Active 4/03/07 MedicalDebt				111.00
Sheet no. 14 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 36,689.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 631659Z2007 Uva Hth Srv 500 Ray C Hunt Dri Charlottesville, VA 22903	H	Opened 10/16/06 Last Active 5/01/08 MedicalDebt				75.00
Account No. 546164Z2007 Uva Hth Srv 500 Ray C Hunt Dri Charlottesville, VA 22903	J	Opened 3/23/07 Last Active 7/01/08 MedicalDebt				51.00
Account No. UVA Medical Center Patient Financial Services P.O. Box 800750 Charlottesville, VA 22907-3015	W	Medical services				19.15
Account No. Medcore Inc. P.O. Box 9817 Mobile, AL 36691		Additional notice address for UVA Medical Center				Notice Only
Account No. GV12011019-00 UVA Medical Center Patient Financial Services P.O. Box 800750 Charlottesville, VA 22907-3015	W	12/27/12 Judgment				1,038.86
Sheet no. <u>15</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						1,184.01

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM					
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.									
Account No. GV13000182-00	J	5/15/13 Judgment				567.00					
UVA Physicians Group c/o Matthew P Linkie Esq. 9210 Corporate Blvd, #350 Rockville, MD 20850											
Account No. 06531659	H	Medical services				170.18					
UVA Physicians Group 500 Ray C. Hunt Drive Charlottesville, VA 22903											
Account No. 6220462	W	Opened 9/01/12 Collection Attorney				147.00					
Uva Physicians Group Uva Hs c/o Bulcity Financial Sol 1107 W Main St Ste 201 Durham, NC 27701											
Account No.		Additional notice address for Uva Physicians Group Uva Hs				Notice Only					
UVA Physicians Group 500 Ray C. Hunt Drive Charlottesville, VA 22903											
Account No.		Additional notice address for Uva Physicians Group Uva Hs				Notice Only					
UVA Physicians Group P.O. Box 9007 Charlottesville, VA 22906-9007											
Sheet no. 17 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)					
						884.18					

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
UVA Physicians Group PO Box 555 Charlottesville, VA 22902		Additional notice address for Uva Physicians Group Uva Hs				Notice Only
Account No. 6362502		Opened 10/01/12 Collection Attorney				
Uva Physicians Group Uva Hs c/o Bulcity Financial Sol 1107 W Main St Ste 201 Durham, NC 27701	W					145.00
Account No. 6362729		Opened 10/01/12 Collection Attorney				
Uva Physicians Group Uva Hs c/o Bulcity Financial Sol 1107 W Main St Ste 201 Durham, NC 27701	W					91.00
Account No. 631659Z20070717		Opened 10/16/06 Last Active 5/30/08 Medical Debt				
Uva Physicns 500 Ray C Hunt Dri Charlottesvill, VA 22903	H					75.00
Account No. 546164Z20070807		Opened 3/23/07 Last Active 7/31/08 Medical Debt				
Uva Physicns 500 Ray C Hunt Dri Charlottesvill, VA 22903	W					51.00
Sheet no. <u>18</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						362.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.						
VA Center for Family Relations C/O CCS PO Box 21504 Roanoke, VA 24018-0152	J					64.00
Account No. 874416870						
Va Ctr For Family Relations c/o Creditors Collection S Po Box 21504 Roanoke, VA 24018	W	Opened 12/01/09 Collection Attorney				64.00
Account No.						
Virginia Center for Family Relation 1450 Sachem Place Charlottesville, VA 22901		Additional notice address for Va Ctr For Family Relations				Notice Only
Account No. 31290368200001						
Verizon Verizon Wireless Department/Attn: Bankru Po Box 3397 Bloomington, IL 61702	H	Opened 8/01/07 Last Active 4/03/10				355.00
Account No. 88111073881110738						
Victoria's Secret Po Box 182273 Columbus, OH 43218	J	Opened 12/01/00 Last Active 7/31/08 ChargeAccount				285.00
Sheet no. <u>19</u> of <u>20</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						768.00

B6F (Official Form 6F) (12/07) - Cont.

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. 5856375105912620						
Victoria's Secret Attention: Bankruptcy Po Box 182125 Columbus, OH 43218	H	Opened 12/01/11 Last Active 12/22/12 Charge Account				265.00
Account No.						
Comenity Bank PO Box 182273 Columbus, OH 43218-2273		Additional notice address for Victoria's Secret				Notice Only
Account No.						
Account No.						
Account No.						
Sheet no. 20 of 20 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						265.00
						Total (Report on Summary of Schedules)
						83,671.87

B6G (Official Form 6G) (12/07)

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Andrea Hubiska 353 Summerfield Gardens Shelton, CT 06484-6305	Residential lease
Sprint/Nextel/Embarq Bankruptcy Services P.O. Box 7971 Shawnee Mission, KS 66207-0971	Cell phone contract to be assumed

0

_____ continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

B6H (Official Form 6H) (12/07)

In re **John Edmond Trevillian, III,
Tracey Gooding Trevillian**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

_____ continuation sheets attached to Schedule of Codebtors

B6I (Official Form 6I) (12/07)In re **John Edmond Trevillian, III**
Tracey Gooding Trevillian

Case No. _____

Debtor(s) _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son Daughter	AGE(S): 16 19
Employment:	DEBTOR	SPOUSE
Occupation	Equipment Operator	Customer Service Rep
Name of Employer	Nathaniel Greene Development	Delta Global Services
How long employed	Since 1987	Since 6/19/12
Address of Employer	PO Box 277 Stanardsville, VA 22973	Airport Road Charlottesville, VA

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 2,738.06	\$ 2,125.11
\$ 0.00	\$ 0.00

3. SUBTOTAL

\$ 2,738.06	\$ 2,125.11
--------------------	--------------------

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify):

Uniforms

\$ 473.03	\$ 332.84
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 21.75	\$ 0.00
\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 494.78	\$ 332.84
------------------	------------------

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,243.28	\$ 1,792.27
--------------------	--------------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify):

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

12. Pension or retirement income

13. Other monthly income

(Specify):

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 0.00
----------------	----------------

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 2,243.28	\$ 1,792.27
--------------------	--------------------

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 4,035.55

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6J (Official Form 6J) (12/07)

In re **John Edmond Trevillian, III**
Tracey Gooding Trevillian

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$	<u>835.00</u>
a. Are real estate taxes included?	Yes <u> </u> No <u>X</u>		
b. Is property insurance included?	Yes <u> </u> No <u>X</u>		
2. Utilities:		\$	<u>290.00</u>
a. Electricity and heating fuel		\$	<u>75.00</u>
b. Water and sewer		\$	<u>198.00</u>
c. Telephone		\$	<u>155.00</u>
d. Other See Detailed Expense Attachment		\$	<u>65.00</u>
3. Home maintenance (repairs and upkeep)		\$	<u>520.00</u>
4. Food		\$	<u>100.00</u>
5. Clothing		\$	<u>57.00</u>
6. Laundry and dry cleaning		\$	<u>250.00</u>
7. Medical and dental expenses		\$	<u>400.00</u>
8. Transportation (not including car payments)		\$	<u>100.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$	<u>0.00</u>
10. Charitable contributions		\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		\$	<u>0.00</u>
a. Homeowner's or renter's		\$	<u>0.00</u>
b. Life		\$	<u>0.00</u>
c. Health		\$	<u>0.00</u>
d. Auto		\$	<u>0.00</u>
e. Other Auto and renter's insurance		\$	<u>115.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) See Detailed Expense Attachment		\$	<u>25.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)			
a. Auto		\$	<u>379.00</u>
b. Other		\$	<u>0.00</u>
c. Other		\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others		\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home		\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$	<u>0.00</u>
17. Other See Detailed Expense Attachment		\$	<u>448.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$	<u>4,012.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:			
20. STATEMENT OF MONTHLY NET INCOME			
a. Average monthly income from Line 15 of Schedule I		\$	<u>4,035.55</u>
b. Average monthly expenses from Line 18 above		\$	<u>4,012.00</u>
c. Monthly net income (a. minus b.)		\$	<u>23.55</u>

B6J (Official Form 6J) (12/07)

In re **John Edmond Trevillian, III**
Tracey Gooding Trevillian

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Detailed Expense Attachment

Other Utility Expenditures:

Cable TV	\$	100.00
Internet	\$	55.00
Total Other Utility Expenditures	\$	155.00

Specific Tax Expenditures:

Personal property tax	\$	20.00
Tags & Inspections	\$	5.00
Total Tax Expenditures	\$	25.00

Other Expenditures:

Cosmetics/personal hygiene	\$	8.00
Tobacco	\$	75.00
Haircuts	\$	30.00
School lunches and activities	\$	220.00
Pet expenses	\$	15.00
Miscellaneous	\$	100.00
Total Other Expenditures	\$	448.00

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court
Western District of Virginia**

In re **John Edmond Trevillian, III
Tracey Gooding Trevillian**

Debtor(s)

Case No.

Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 39 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **September 5, 2013**

Signature **/s/ John Edmond Trevillian, III**

John Edmond Trevillian, III

Debtor

Date **September 5, 2013**

Signature **/s/ Tracey Gooding Trevillian**

Tracey Gooding Trevillian

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Western District of Virginia**

In re **John Edmond Trevillian, III
Tracey Gooding Trevillian**

Debtor(s)

Case No.

Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$19,668.46	2013 employment income - husband
\$12,598.11	2013 employment income - wife
\$50,408.00	2012 employment income - combined
\$63,420.00	2011 employment income - combined

B7 (Official Form 7) (04/13)

2**2. Income other than from employment or operation of business**

None



State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
\$3,739.00

SOURCE
2012 unemployment compensation

3. Payments to creditors

None



Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
UVA Community Credit Union
3300 Berkmar Drive
Charlottesville, VA 22901

DATES OF
PAYMENTS
Monthly

AMOUNT PAID
\$379.00

AMOUNT STILL
OWING
\$16,000.00

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS/
TRANSFERS

AMOUNT
PAID OR
VALUE OF
TRANSFERS

AMOUNT STILL
OWING

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
The Rectors & Visitors of the University of
Virginia t/a UVA Medical Center v. Trevillian,
GV12011019-00

NATURE OF
PROCEEDING
Civil

COURT OR AGENCY
AND LOCATION
Albemarle County General District
Court

STATUS OR
DISPOSITION
Judgment for
plaintiff
12/27/12

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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CAPTION OF SUIT
AND CASE NUMBER**UVA Physicians Group v. Trevillian,
GV13000182-00**NATURE OF
PROCEEDING
CivilCOURT OR AGENCY
AND LOCATION**Greene County General District Court**STATUS OR
DISPOSITION**Judgment for
plaintiff
5/15/13**

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED**UVA Medical Center
Patient Financial Services
P.O. Box 800750
Charlottesville, VA 22907-3015**

DATE OF SEIZURE

Return date 1/16/14DESCRIPTION AND VALUE OF
PROPERTY**Wife's wages garnished; \$0.00****UVA Physicians Group
c/o Matthew P Linkie Esq.
9210 Corporate Blvd, #350
Rockville, MD 20850****Return date 11/20/13****Wife's wages garnished; \$400.00****5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
CREDITOR OR SELLERDATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURNDESCRIPTION AND VALUE OF
PROPERTY**6. Assignments and receiverships**

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF
ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CUSTODIANNAME AND LOCATION
OF COURT
CASE TITLE & NUMBERDATE OF
ORDERDESCRIPTION AND VALUE OF
PROPERTY**7. Gifts**

None



List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF
PERSON OR ORGANIZATIONRELATIONSHIP TO
DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND
VALUE OF GIFT

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8. Losses

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
--------------------------------------	--	--------------

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Boyle, Bain, Reback & Slayton 420 Park Street Charlottesville, VA 22902	3/9/10	\$500.00
123 Credit Counselors	9/8/13	\$30.00

10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
---	------	---

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
----------------------------------	---------------------------	---

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
---------------------------------	--	---------------------------------------

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12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
--	---	-------------------------	---------------------------------------

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------	------------------

14. Property held for another person

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
---------------------------	-----------------------------------	----------------------

15. Prior address of debtor

- None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

- None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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B7 (Official Form 7) (04/13)

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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
------	--	---------	--------------------	----------------------------

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

B7 (Official Form 7) (04/13)

7

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY
RECORDS**21 . Current Partners, Officers, Directors and Shareholders**

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE
OF STOCK OWNERSHIP**22 . Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTORDATE AND PURPOSE
OF WITHDRAWALAMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

B7 (Official Form 7) (04/13)

8

24. Tax Consolidation Group.

None

☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 5, 2013

Signature /s/ John Edmond Trevillian, III
John Edmond Trevillian, III
Debtor

Date September 5, 2013

Signature /s/ Tracey Gooding Trevillian
Tracey Gooding Trevillian
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

United States Bankruptcy Court
Western District of Virginia

In re **John Edmond Trevillian, III**
Tracey Gooding Trevillian

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: Dell Financial Services	Describe Property Securing Debt: ChargeAccount
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Greene County Treasurer	Describe Property Securing Debt: 2005 Honda Accord, @ debtor(s) residence (tax-assessed valuation)
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain & make payments</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

B8 (Form 8) (12/08)

Page 2

Property No. 3	
Creditor's Name: Greene County Treasurer	Describe Property Securing Debt: 1996 Chevy Blazer, @ debtor(s) residence (tax-assessed valuation)
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain & make payments</u> (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 4	
Creditor's Name: UVA Community Credit Union	Describe Property Securing Debt: 2005 Honda Accord, @ debtor(s) residence (tax-assessed valuation)
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain & make payments</u> (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: Andrea Hubiska	Describe Leased Property: Residential lease	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2		
Lessor's Name: Sprint/Nextel/Embarq	Describe Leased Property: Cell phone contract to be assumed	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date **September 5, 2013**

Signature **/s/ John Edmond Trevillian, III**
John Edmond Trevillian, III
Debtor

Date **September 5, 2013**

Signature **/s/ Tracey Gooding Trevillian**
Tracey Gooding Trevillian
Joint Debtor

United States Bankruptcy Court
Western District of Virginia

In re John Edmond Trevillian, III
Tracey Gooding Trevillian

Debtor(s)

Case No.

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
- | | | |
|---|----|---------------|
| For legal services, I have agreed to accept | \$ | <u>194.00</u> |
| Prior to the filing of this statement I have received | \$ | <u>194.00</u> |
| Balance Due | \$ | <u>0.00</u> |
2. \$ 306.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
- Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
- Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: September 5, 2013

/s/ Marshall M. Slayton VSB#
Marshall M. Slayton VSB# 37362
Boyle, Bain, Reback & Slayton
420 Park Street
Charlottesville, VA 22902
(434) 979-7900 Fax: (434) 977-3298
marshall.slayton@bbrs.net;
jonathan.woodruff@bbrs.net

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total Fee \$306)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$46 administrative fee: Total fee \$1,213)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court
Western District of Virginia**

In re **John Edmond Trevillian, III
Tracey Gooding Trevillian**

Debtor(s)

Case No.

Chapter

7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**John Edmond Trevillian, III
Tracey Gooding Trevillian**

Printed Name(s) of Debtor(s)

X **/s/ John Edmond Trevillian, III**

Signature of Debtor

September 5, 2013

Date

Case No. (if known)

X **/s/ Tracey Gooding Trevillian**

Signature of Joint Debtor (if any)

September 5, 2013

Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Western District of Virginia**

In re **John Edmond Trevillian, III
Tracey Gooding Trevillian**

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **September 5, 2013**

/s/ John Edmond Trevillian, III

John Edmond Trevillian, III

Signature of Debtor

Date: **September 5, 2013**

/s/ Tracey Gooding Trevillian

Tracey Gooding Trevillian

Signature of Debtor

Trevillian, III, John and Tracey -

ALLIANCEONE RECEIVABLES MGT INC.
717 CONSTITUTION DRIVE
SUITE 202
EXTON, PA 19341

ALLIED INTERSTATE
3000 CORPORATE EXCHANGE DRIVE
5TH FLOOR
COLUMBUS, OH 43236

ALLTEL CORPORATION
BANKRUPTCY DEPARTMENT
1 ALLIED DRIVE
LITTLE ROCK, AR 72202-9918

AMERICA ONLINE
PO BOX 60018
TAMPA, FL 33660-0018

ANDREA HUBICKSKA
353 SUMMERFIELD GARDENS
SHELTON, CT 06484-6305

BB&T
PO BOX 1847
WILSON, NC 27894

BRANCH B&T
PO BOX 2306
WILSON, NC 27894

BRANCH B&T
P.O. BOX 2306
WILSON, NC 27894

CAPITAL 1 BANK
ATTN: C/O TSYS DEBT MANAGEMENT
PO BOX 5155
NORCROSS, GA 30091

CHARLOTTESVILLE HAND SURGERY
630 PETER JEFFERSON PARKWAY
SUITE 100
CHARLOTTESVILLE, VA 22903

Trevillian, III, John and Tracey -

CHARLOTTESVILLE HAND SURGERY
C/O PRESTON MITCHELL COMPANY
P.O. BOX 457
RUCKERSVILLE, VA 22968

CHARLOTTESVILLE HAND SURGERY
320 WINDING RIVER LANE
SUITE 303
CHARLOTTESVILLE, VA 22911

CHARLOTTESVILLE RADIOLOGY LTD.
P.O. BOX 2747
CHARLOTTESVILLE, VA 22902

CIT FIN SERV
ATTN: CENTRALIZED BANKRUPTCY
PO BOX 20507
KANSAS CITY, MO 64195

COMCAST
C/O CRD PRT ASSO ATTN: BANKRUPTCY
PO BOX 802068
DALLAS, TX 75380

COMCAST
P.O. BOX 3006
SOUTHEASTERN, PA 19398-3006

COMCAST
P.O. BOX 3002
SOUTHEASTERN, PA 19398

COMCAST FKA ADELPHIA CABLE
1500 MARKET ST.
PHILADELPHIA, PA 19102

COMENITY BANK
PO BOX 182273
COLUMBUS, OH 43218-2273

CREDIT ONE BANK N.A.
C/O LVNV FUNDING LLC
PO BOX 10497
GREENVILLE, SC 29603

Trevillian, III, John and Tracey -

DELL FINANCIAL SERVICES
ATTN: BANKRUPTCY DEPT.
12234 NORTH IH 35
AUSTIN, TX 78753

DELL FINANCIAL SERVICES
DELL FINANCIAL SERVICES ATTN: BANKRUPCTY
PO BOX 81577
AUSTIN, TX 78708

DELL FINANCIAL SERVICES
P.O. BOX 81577
AUSTIN, TX 78708-1577

DELL FINANCIAL SERVICES LLC
C/O CORPORATION SERVICE CO.
1111 EAST MAIN STREET
RICHMOND, VA 23219

EMBARQ CORPORATION
BANKRUPTCY SERVICES
P.O. BOX 7971
SHAWNEE MISSION, KS 66207-0971

ENCORE RECEIVABLE MGT INC.
400 NORTH ROGERS ROAD
OLATHE, KS 66062

ERIE INSURANCE EXCHANGE
PO BOX 280431
06128-0431
EAST HARTFORD, CT 06128-0431

GC SERVICES LIMITED PARTNERSHIP
6330 GULFTON
HOUSTON, TX 77081

GE CAPITAL/PYOD LLC
C/O NORTHLAND GROUP
PO BOX 390846
MINNEAPOLIS, MN 55439

GEMB/GAP
ATTENTION: BANKRUPTCY
PO BOX 103106
ROSWELL, GA 30076

Trevillian, III, John and Tracey -

GREENE COUNTY TREASURER
P.O. BOX 157
STANARDSVILLE, VA 22973-0157

HEATH, RICHARD, DDS
C/O ACCELERATED RECOVERY SYSTEMS
PO BOX 7224
CHARLOTTESVILLE, VA 22906-7224

HSBC BANK
ATTN: BANKRUPTCY
PO BOX 5253
CAROL STREAM, IL 60197

HSBC BANK NEVADA N.A.
C/O MIDLAND FUNDING
8875 AERO DR STE 200
SAN DIEGO, CA 92123

HUDSON LAW OFFICE, PLLC
324 S. MAIN ST
EMPORIA, VA 23847

J.L. WALSTON & ASSOCIATES
326 SOUTH MAIN STREET
EMPORIA, VA 23847-2028

LC SYSTEMS
444 HIGHWAY 96 EAST
PO BOX 64887
SAINT PAUL, MN 55164-0887

LENDMARK FINANCIAL SER
2118 USHER ST NW
COVINGTON, GA 30014

LENDMARK FINANCIAL SER
2118 USHER STREET
COVINGTON, GA 30014

LOWES / MBGA
ATTENTION: BANKRUPTCY DEPARTMENT
PO BOX 103106
ROSWELL, GA 30076

Trevillian, III, John and Tracey -

LVNV FUNDING
PO BOX 10584
GREENVILLE, SC 29603-0584

LVNV FUNDING
C/O MRS
1930 OLNEY AVENUE
CHERRY HILL, NJ 08003

MARTHA JEFFERSON HOSPITAL
P.O. BOX 2556
CHARLOTTESVILLE, VA 22902

MEDCORE INC.
P.O. BOX 9817
MOBILE, AL 36691

PEDIATRIC ASSOC. OF CHARLOTTES
C/O PRESTON MITCHELL COMPANY
P.O. BOX 457
RUCKERSVILLE, VA 22968

PEDIATRIC ASSOC. OF CHARLOTTES
C/O IMBS
901 PRESTON AVENUE, SUITE 102
CHARLOTTESVILLE, VA 22903-4491

PEDIATRIC ASSOCIATES OF CHARLOTTESV
P.O. BOX 828533
PHILADELPHIA, PA 19182

PEDIATRIC ASSOCIATES OF CHARLOTTESV
302 HICKMAN ROAD
SUITE 102
CHARLOTTESVILLE, VA 22911

PHYSICAL THERAPY AT ACAC
C/O CHARLOTTESVILLE BUREAU
3690 DOBLEANN DR
CHARLOTTESVILLE, VA 22911

PHYSICAL THERAPY AT ACAC
504 ALBEMARLE SQUARE
CHARLOTTESVILLE, VA 22901

Trevillian, III, John and Tracey -

PHYSICAL THERAPY AT ACAC
P.O. BOX 1583
CHARLOTTESVILLE, VA 22902

PIEDMONT EMERGENCY CONSULTAN
C/O CHARLOT BUR
POB 6220
CHARLOTTESVILL, VA 22911

PIEDMONT EMERGENCY CONSULTANTS
C/O FREDERICKSBURG CREDIT BUREAU
10506 WAKEMAN DR
FREDERICKSBURG, VA 22407

PIEDMONT EMERGENCY CONSULTANTS
P.O. BOX 1583
CHARLOTTESVILLE, VA 22902

PIEDMONT EMERGENCY CONSULTANTS
P.O. BOX 11647
DAYTONA BEACH, FL 32120-1647

PRESTON MITCHELL COMPANY
P.O. BOX 457
RUCKERSVILLE, VA 22968

PROFESSIONAL RECOVERY CONSULTANTS
2700 MERIDIAN PARKWAY
SUITE 200
DURHAM, NC 27713

PYOD LLC
C/O FIRST NATIONAL COLLECTION BUREA
610 WALTHAM WAY
SPARKS, NV 89434

ROBINSON FARMER COX ASSOCIATES
PO BOX 6580
CHARLOTTESVILLE, VA 22906

SPRINT/NEXTEL/EMBARQ
BANKRUPTCY SERVICES
P.O. BOX 7971
SHAWNEE MISSION, KS 66207-0971

Trevillian, III, John and Tracey -

SUNTRUST
C/O RUBENSTEIN & COGAN
12 SOUTH SUMMET AVE, #250
GAITHERSBURG, MD 20877

SUNTRUST
DDA RECOVERY DEPT
P.O. BOX 26150/VA-RIC-9394
RICHMOND, VA 23260-6150

SUNTRUST BANK
PO BOX 921819
NORCROSS, GA 30010

SUNTRUST MORTGAGE/CC 5
ATTENTION: RVW3034
1001 SEMMES AVE
RICHMOND, VA 23224

TARGET
PO BOX 9475
MINNEAPOLIS, MN 55440

TARGET
C/O AMO RECOVERIES
3120 MCDOUGALL AVE, SUITE 100
EVERETT, WA 98201

TRANSWORLD SYSTEMS INC.
30600 TELEGRAPH ROAD, #4215
BINGHAM FARMS, MI 48025

UVA COMMUNITY CREDIT UNION
3300 BERKMAR DRIVE
CHARLOTTESVILLE, VA 22901

UVA CREDIT UNION-A D
3300 BERKMAR DR
CHARLOTTESVILLE, VA 22901

UVA HTH SRV
500 RAY C HUNT DRI
CHARLOTTESVILL, VA 22903

Trevillian, III, John and Tracey -

UVA MEDICAL CENTER
PATIENT FINANCIAL SERVICES
P.O. BOX 800750
CHARLOTTESVILLE, VA 22907-3015

UVA MEDICAL CENTER
PATIENT FINANCIAL SERVICES
P.O. BOX 530272
ATLANTA, GA 30353-0272

UVA MEDICAL CENTER
C/O DANIEL S.WOLF, ASST ATTY GEN
P.O. BOX 610
RICHMOND, VA 23218-0610

UVA PHYSICIANS GROUP
500 RAY C. HUNT DRIVE
CHARLOTTESVILLE, VA 22903

UVA PHYSICIANS GROUP
C/O MATTHEW P LINKIE ESQ.
9210 CORPORATE BVD, #350
ROCKVILLE, MD 20850

UVA PHYSICIANS GROUP
P.O. BOX 9007
CHARLOTTESVILLE, VA 22906-9007

UVA PHYSICIANS GROUP
PO BOX 555
CHARLOTTESVILLE, VA 22902

UVA PHYSICIANS GROUP UVA HS
C/O BULLCITY FINANCIAL SOL
1107 W MAIN ST STE 201
DURHAM, NC 27701

UVA PHYSICNS
500 RAY C HUNT DRI
CHARLOTTESVILL, VA 22903

VA CENTER FOR FAMILY RELATIONS
C/O CCS
PO BOX 21504
ROANOKE, VA 24018-0152

Trevillian, III, John and Tracey -

VA CTR FOR FAMILY RELATIONS
C/O CREDITORS COLLECTION S
PO BOX 21504
ROANOKE, VA 24018

VERIZON
VERIZON WIRELESS DEPARTMENT/ATTN: BANKRU
PO BOX 3397
BLOOMINGTON, IL 61702

VICTORIA'S SECRET
PO BOX 182273
COLUMBUS, OH 43218

VICTORIA'S SECRET
ATTENTION: BANKRUPTCY
PO BOX 182125
COLUMBUS, OH 43218

VIRGINIA CENTER FOR FAMILY RELATION
1450 SACHEM PLACE
CHARLOTTESVILLE, VA 22901

B22A (Official Form 22A) (Chapter 7) (04/13)

In re **John Edmond Trevillian, III**
Tracey Gooding Trevillian
 Debtor(s)

Case Number: _____
 (If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.
- ☒ The presumption does not arise.
- ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS	
1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.	a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input checked="" type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.																											
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.	Column A Debtor's Income	Column B Spouse's Income																										
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$ 2,704.90		\$ 1,932.78																									
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: center;">Debtor</th> <th colspan="2" style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td style="width: 40%;">Gross receipts</td> <td style="width: 5%;">\$</td> <td style="width: 15%; text-align: right;">0.00</td> <td style="width: 5%;">\$</td> <td style="width: 15%; text-align: right;">0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td colspan="4">Subtract Line b from Line a</td> </tr> </tbody> </table>						Debtor		Spouse		a.	Gross receipts	\$	0.00	\$	0.00	b.	Ordinary and necessary business expenses	\$	0.00	\$	0.00	c.	Business income	Subtract Line b from Line a			
		Debtor		Spouse																									
a.	Gross receipts	\$	0.00	\$	0.00																								
b.	Ordinary and necessary business expenses	\$	0.00	\$	0.00																								
c.	Business income	Subtract Line b from Line a																											
		\$ 0.00		\$ 0.00																									
5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: center;">Debtor</th> <th colspan="2" style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td style="width: 40%;">Gross receipts</td> <td style="width: 5%;">\$</td> <td style="width: 15%; text-align: right;">0.00</td> <td style="width: 5%;">\$</td> <td style="width: 15%; text-align: right;">0.00</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary operating expenses</td> <td>\$</td> <td style="text-align: right;">0.00</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>c.</td> <td>Rent and other real property income</td> <td colspan="4">Subtract Line b from Line a</td> </tr> </tbody> </table>						Debtor		Spouse		a.	Gross receipts	\$	0.00	\$	0.00	b.	Ordinary and necessary operating expenses	\$	0.00	\$	0.00	c.	Rent and other real property income	Subtract Line b from Line a			
		Debtor		Spouse																									
a.	Gross receipts	\$	0.00	\$	0.00																								
b.	Ordinary and necessary operating expenses	\$	0.00	\$	0.00																								
c.	Rent and other real property income	Subtract Line b from Line a																											
		\$ 0.00		\$ 0.00																									
6	Interest, dividends, and royalties.	\$ 0.00		\$ 0.00																									
7	Pension and retirement income.	\$ 0.00		\$ 0.00																									
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.	\$ 0.00		\$ 0.00																									
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 15%;">Debtor \$</td> <td style="width: 15%; text-align: right;">0.00</td> <td style="width: 15%;">Spouse \$</td> <td style="width: 15%; text-align: right;">0.00</td> </tr> </table>				Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00																			
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	0.00	Spouse \$	0.00																									
		\$ 0.00		\$ 0.00																									
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="2" style="text-align: center;">Debtor</th> <th colspan="2" style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a.</td> <td style="width: 40%;"></td> <td style="width: 5%;">\$</td> <td style="width: 15%;"></td> <td style="width: 5%;">\$</td> <td style="width: 15%;"></td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> <td></td> <td>\$</td> <td></td> </tr> </tbody> </table>						Debtor		Spouse		a.		\$		\$		b.		\$		\$							
		Debtor		Spouse																									
a.		\$		\$																									
b.		\$		\$																									
	Total and enter on Line 10	\$ 0.00		\$ 0.00																									
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 2,704.90		\$ 1,932.78																									

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 4,637.68
Part III. APPLICATION OF § 707(b)(7) EXCLUSION		
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 55,652.16
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: VA b. Enter debtor's household size: 4	\$ 91,661.00
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)																		
16	Enter the amount from Line 12.	\$																
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	\$																
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td>d.</td> <td></td> <td>\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	d.		\$	\$				
a.		\$																
b.		\$																
c.		\$																
d.		\$																
	Total and enter on Line 17	\$																
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$																
Part V. CALCULATION OF DEDUCTIONS FROM INCOME																		
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)																		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$																
	<table border="1"> <thead> <tr> <th colspan="2">Persons under 65 years of age</th> <th colspan="2">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per person</td> <td>a2.</td> <td>Allowance per person</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td>b2.</td> <td>Number of persons</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </tbody> </table>	Persons under 65 years of age		Persons 65 years of age or older		a1.	Allowance per person	a2.	Allowance per person	b1.	Number of persons	b2.	Number of persons	c1.	Subtotal	c2.	Subtotal	\$
Persons under 65 years of age		Persons 65 years of age or older																
a1.	Allowance per person	a2.	Allowance per person															
b1.	Number of persons	b2.	Number of persons															
c1.	Subtotal	c2.	Subtotal															
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																

B22A (Official Form 22A) (Chapter 7) (04/13)

4

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$									
c.	Net mortgage/rental expense	Subtract Line b from Line a.									
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> 	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td>\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$									

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.		\$									
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.		\$									
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.		\$									
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.		\$									
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.		\$									
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.		\$									
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.		\$									
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.		\$									
Subpart B: Additional Living Expense Deductions												
Note: Do not include any expenses that you have listed in Lines 19-32												
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 75%;">Health Insurance</td> <td style="width: 20%;">\$</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>		a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$										
b.	Disability Insurance	\$										
c.	Health Savings Account	\$										
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.		\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$									
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		\$									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.		\$									

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B22A (Official Form 22A) (Chapter 7) (04/13)

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39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$															
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$															
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$															
Subpart C: Deductions for Debt Payment																	
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 15%;">Average Monthly Payment</th> <th style="width: 20%;">Does payment include taxes or insurance?</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> <td></td> </tr> </table>			Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines														
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;"></th> <th style="width: 30%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 35%;">1/60th of the Cure Amount</th> </tr> <tr> <td style="text-align: center;">a.</td> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">Total: Add Lines</td> </tr> </table>			Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$															
45	Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Average monthly administrative expense of chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>		a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly chapter 13 plan payment.	\$															
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x															
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b															
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$															
Subpart D: Total Deductions from Income																	
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$															
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION																	
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$															
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$															
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$															
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$															

52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	
Part VII. ADDITIONAL EXPENSE CLAIMS		
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$
	b.	\$
	c.	\$
	d.	\$
	Total: Add Lines a, b, c, and d	
		\$
Part VIII. VERIFICATION		
57	I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date: <u>September 5, 2013</u> </div> <div style="width: 45%;"> Signature: <u>/s/ John Edmond Trevillian, III</u> John Edmond Trevillian, III <i>(Debtor)</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Date: <u>September 5, 2013</u> </div> <div style="width: 45%;"> Signature: <u>/s/ Tracey Gooding Trevillian</u> Tracey Gooding Trevillian <i>(Joint Debtor, if any)</i> </div> </div>	

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.